

**State EMS Advisory Board Executive Committee**  
**1041 Technology Park Drive, Glen Allen, VA**  
**August 12, 2010**  
**10:00 AM**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Jennie Collins, Chair Gary A. Dalton Bruce W. Edwards (phone) Pokey Harris Larry A. Oliver	Asher Brand, M.D. (excused) Ajai Malhotra, M.D. (excused)	Gary R. Brown George Lindbeck, M.D. Irene Hamilton	Eric Gregory Marissa Levine, M.D., MPH Carol Lee Strickler

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to Order</b>	Jennie Collins, Chair, called the meeting to order at approximately 10:15 AM	
<b>Approval of the Meeting Agenda</b>	A motion was made to approve the August 12, 2010 meeting agenda as proposed.	<b>The motion was carried unanimously.</b>
<b>Approval of the Minutes from April 22, 2010</b>	Gary Dalton made a motion to approve the minutes from April 22, 2010.	<b>The minutes were approved as submitted.</b>
<b>State Trauma Triage Plan</b>	<p>Ms. Collins distributed a message addressing concerns that had been voiced in regards to the State Trauma Triage Plan at the May Advisory Board meeting. Ms. Collins asked the Executive Committee to review this message and let her know if they agree with the document before she presents it to the full Board.</p> <p><u>Proposed Footnote/Clarification of Step 3 of the Decision Scheme</u></p> <p>Dr. Lindbeck cited an item in the CDC Guidelines that specifically talks about this issue and resolves the concerns that were voiced at the last Board meeting. Ms. Collins has included this information in her message that she wants to send to the Advisory Board members.</p> <p>Ms. Collins informed the group that Drs. Brand and Malhotra would be unable to attend the Board meeting on Friday. Dr. Brand has asked that the Board delay voting on the State Trauma Triage Plan until November. Ms. Collins said that she feels that this footnote language will clarify a lot of the concerns voiced at the last meeting, Ms. Collins said that while she would not want Dr. Brand to feel the Board moved on this issue while he was unable to attend the meeting, she also doesn't like the idea of putting off the vote because a Board member is unable to attend the meeting.</p> <p>Ms. Collins pointed out that the Office of EMS is required to present a revised Plan to the State Board of Health every three years and October is the deadline date. Delaying the vote until November would prevent the Office of EMS from presenting the Plan at the October Board of Health meeting and fulfilling this requirement. Ms. Collins said that she did not have a</p>	<p><b>MOTION:</b></p> <p>There were expressed concerns regarding the CDC guideline for Field Trauma Triage Decision Scheme, specifically at the third level of the decision tree related to mechanism of injury criteria. There were concerns that the language as presented would result in a level of over-triage and transport to trauma centers that would be unacceptable for many regions.</p> <p>The Executive Committee unanimously approved the following excerpt be footnoted in the Field Trauma Triage Decision Scheme and by doing so, it would serve to address the stated concerns of the plan being too rigid or not being reflective of regional resources or plans. The motion before the</p>

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	<p>problem with putting off the vote but deferred to Gary Brown since this is one of his job benchmarks.</p> <p>Mr. Brown explained that he had discussed this issue with Drs. Remley and Levine, and they indicated they would approve an extension. Dr. Levine concurred and said that she does feel delaying the vote would be in the best interest.</p> <p>Gary Brown encouraged the Executive Committee to ask the Advisory Board to at least approve the proposed footnote /clarification being added to the State Trauma Triage Plan since that provides a solution to a key issue that has prevented the State Trauma Triage Plan from being approved by the Advisory Board. The Executive Committee agreed that this would be a positive move.</p> <p>The group discussed in detail whether they should wait until the November Advisory Board meeting to discuss this issue. Following the discussion, the Chair called for a vote.</p> <p>Mr. Brown also said that for the Board of Health meeting the Office of EMS will still present the State EMS Plan, just excluding the State Trauma Triage Plan.</p>	<p>Board is to approve the following excerpt from the CDC guideline for Field Trauma Triage Decision Scheme is included in the State Trauma Triage Plan:</p> <p>“Transition from Step Three to Step Four”</p> <p><i>The answer o//yes" at Step Three o/the Decision Scheme mandates transport 0/ the patient to the closest appropriate trauma center, not necessarily to a center offering the highest level of trauma care available, as is the case in Steps One and Two. Which center is the most appropriate at any given time will depend on multiple/actors, including the level o/trauma center readily available, the configuration o/the local or regional trauma system, local EMS protocols, EMS system capacity and capability, transport distances and times, and hospital capability and capacity. Patients whose injuries meet mechanism-ol-injury criteria but not physiologic or anatomic criteria do not necessarily require the highest level 0/ care available. At the time 0/ evaluation, these patients are hemodynamically stable, have a GCS 0/≥14, and have no anatomic evidence 0/ severe injury. Their risk lies only in the mechanism by which they were injured Thus, they require evaluation but do not need immediate transport by EMS providers to a Levell or Level II facility. If a severe injury is identified at the initial hospital evaluation, these patients may be trans/erred subsequently to a higher level o/trauma care. For patients who do not meet Step Three criteria, the EMS provider should proceed to Step Four o/the Scheme. "</i></p> <p><b>Vote: Carried Unanimously</b></p>

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	<p><u>Proposed Changes to Regional EMS Council Contract language</u> Another area of contention in the State Trauma Triage Plan was regarding the process which regional trauma plans are approved.</p> <p>The current contract language reads: The revised Trauma Triage Plan shall be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plans will be reviewed by OEMS and presented to the Trauma System Oversight and Management Committee at its March meeting for approval. Approved plans and protocols will be required to be posted and notifications made as listed in item 4 below.</p> <p>The group discussed a suggested contract language change suggested by Gary Brown. Eric Gregory suggested some additional changes to the contract language.</p> <p>The revised Trauma Triage Plan shall be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plans will be presented by OEMS to the Trauma System Oversight and Management Committee at its March meeting for review and recommendation to the OEMS. The State Board of Health or the Commissioner shall have final approval of the State Trauma Triage Plan which shall incorporate the regional trauma triage plans. Plans and protocols will be required to be posted and notifications made as listed in item 4 below</p> <p>Following the discussion, Ms. Collins called for a vote on the suggested contract language change.</p>	<p><b>MOTION:</b> <b>The regional council contract language should be modified to read as follows:</b></p> <p>The revised Trauma Triage Plan shall be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plans will be presented by OEMS to the Trauma System Oversight and Management Committee at its March meeting for review and recommendation to the OEMS. The State Board of Health or the Commissioner shall have final approval of the State Trauma Triage Plan which shall incorporate the regional trauma triage plans. Plans and protocols will be required to be posted and notifications made as listed in item 4 below</p> <p><b>Vote: The Motion was carried unanimously.</b></p>
<p><b>State EMS Advisory Board By-Laws Revision</b></p>	<p>Ms. Collins said that she has not been contacted by any board members in regards to the Bylaws.</p> <p>Dr. Levine had two concerns: (1) Has there been any increase in the number of members of the committees with the exception of the Medical Direction Committee. Bruce Edwards said that in the proposed Bylaws the decision to increase the size of a committee has to be made by the Executive Committee.</p> <p>(2) Dr. Remley has a concerned with the Bylaws as it relates to the Executive Committee. The new Bylaws have removed the physician involvement in the Executive Committee. Dr. Levine asked that the Executive Committee would consider having a Medical Director on the Executive Committee.</p> <p>Bruce Edwards said that he feels that a physician would probably be the Patient Care</p>	

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	<p>Coordinator, which does have a seat on the Executive Committee. Mr. Edwards also said that in order to add a Medical Director to the Executive Committee it would require a Bylaws revision.</p> <p>Mr. Edwards said that he and Jennie Collins have discussed reconvening the Bylaws Committee once the new Bylaws are adopted. The Bylaws Committee could then make necessary adjustments to the Bylaws, such as the concern addressed by Dr. Remley in regards to having a physician on the Executive Committee. Larry Oliver also reminded the group that the Guidance document will address some of the questions and concerns that might arise from the revised bylaws.</p>	
<b>Nominating Committee Update</b>	Ms. Collins said that the Nominating Committee consists of Anthony Wilson, Jason Campbell, Allen Yee, William Quarles and Gary Dalton. She is going to ask them to prepare a slate and she wants to have the slate sent to the Board members along with the final announcement to the Advisory Board, two weeks prior to the Advisory Board meeting.	
<b>August 13, 2010 State EMS Advisory Board Meeting Agenda – Proposed Action Items</b>	Ms. Collins told the group that there will be two presentations. One will be on the Near Miss Program. Also Larry Oliver is going to give a presentation on the Virginia E.M.S. Education Standards. Mr. Oliver will also be bringing forth two action items at the meeting in regards to the Standards.	
<b>Unfinished Business</b>	Ms. Collins will bring up the State Strategic and Operational Plan under unfinished business.	
<b>New Business</b>	None	
<b>Adjournment</b>	The meeting was adjourned at 12:20 PM	